Coordination Strategies

Handbook

CHAPTER ONE

What's So Great About Coordination?

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Everyone who works in or with a health and human services system sees the symptoms. We see mothers who have three different appointments for each of their three children on three different days. Or pregnant women who don't keep their prenatal appointment because their priority is keeping their WIC appointment—scheduled for another day. Sometimes WIC staff aren't as successful as they could be in getting new moms to breastfeed because the prenatal care providers don't discuss the issue with their patients. The list goes on: two agencies duplicating lab work, two clinical records for the same patient, two outreach programs....

All of these symptoms reflect a chronic, stubborn condition: fragmentation and duplication of services that result from a lack of coordination.

WIC and primary health care programs have too much in common and too much at stake not to coordinate their efforts. They share a common goal: improved maternal and child health outcomes. They both work to increase access to and utilization of health care for pregnant women, infants, and children. While no one strategy can dissolve all the barriers to care, the evidence is in: Improving coordination between WIC providers and health care providers is a powerful step in the right direction.

Improved coordination among public agencies can:



- increase the utilization of each coordinating program;
- expand the scope and range of services offered by the programs;
- provide more systematic, rational, comprehensive care to clients;
- eliminate duplication in administrative, clinical, and client support activities; and
- result in the most effective utilization of the resources of each coordinating program.

This is what staff at several WIC programs say about the benefits of improving coordination with their health services partners who are collocated:

"Sick children seen at WIC can get immediate attention at the health center."

"Prenatal care providers send their walk-in patients right over to us at WIC."

"Our client nutrition education is so much more effective because the nurses at the health center reinforce what we say at WIC."

Here is what health center staff say about the benefits of improving coordination with their WIC partners who are collocated:

"WIC is a great marketing tool for the health center, many clients wouldn't seek health services before, but now they do because we're associated with WIC."

"When you have both tribal employees and IHS working together, they develop a better understanding of each other's programs and more respect for each other – our patients notice this and feel more comfortable."

"The WIC lactation consultant visits our new moms in the hospital and breastfeeding rates have increased."

Other benefits result from WIC programs and health centers that are integrated; staff at these sites say:

"Having the same administrative staff for both WIC and the health center allows more funds to go into client services."

"We provide one-stop shopping and clients love it."

"We are getting better perinatal outcomes now that WIC and the health center are in the same place."

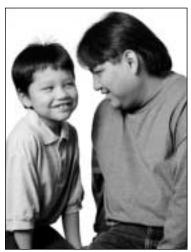
In sum, the benefits of improved coordination and service integration include increased access to services, increased client satisfaction, increased staff satisfaction, and cost savings which all contribute to the most important benefit of all...improved clinical outcomes.

No one ever said that coordinating or integrating services was easy, however. It's a complex process, requiring the identification of common goals and the fostering of a level of trust and openness that supports thoughtful, candid communication among all parties involved. As program staff explore ways to improve coordination, it's helpful to keep a few notions in mind:

- 1. Think of coordination as a long-term, multistep process instead of a sweeping transformation. You won't get it ironed out in one monthly meeting. But you can get started and make a difference. The Coordination Assessment Guide in Chapter Six can help programs determine where they are on the coordination continuum.
- 2. There are several types and levels of coordination to be considered as staff work on coordination issues. For example, coordination may occur between two programs that are collocated, physically located in different places, or administered by the same organizational entity.

To describe the coordination activities contained in this handbook, three separate organizational approaches to coordination have been included. These are described as:

- Coordinated: This means the two programs refer to separate and autonomous agencies that are not collocated.
- Collocated: This means the two programs are administratively separate but either housed in the same building or located adjacent to each other.
- Integrated: This means the two programs are responsible to the same administrative governing authority.
- 3. Coordination and services integration can occur at different organizational points of the program, including the policy level, the administrative level, or the clinical level of activity. For example, two agencies may wish to coordinate their health education activities through a memorandum of agreement at the policy level. They may have a protocol to share staff developed at the administrative level. At the clinical level, they may have jointly developed a health education curriculum.
- 4. Coordination efforts vary greatly from program to program. And they should. This is definitely a case where one size does not fit all. What works well for one site may be less successful for another. On the other hand, sometimes a simple tactic can be replicated elsewhere with great success. Whatever your coordination process, your choices should be based on what's right for your agency's mission, resources, and client needs.



5. Finally, it's good to remember that while developing a coordination effort can be complicated, it is easier than you might think. Often the most effective coordination strategies are based not on one big brilliant idea but on the commitment to putting a very obvious, basic idea into daily practice. Don't get so focused on orchestrating big changes that you forget to make the small ones. They matter, and small successes can help you prepare to tackle the tougher stuff.

We hope this handbook will provide you with many big and small coordination ideas and empower you to make some of your own ideas an everyday reality.

About This Handbook

This handbook is designed to help WIC and health care providers strengthen coordination between their programs.

Easier said than done, you say? That's true, and that's why this handbook features **12 programs from across the country** that are already doing the hard work of coordination and seeing results. Rather than trying to describe an inclusive list of every WIC/primary health care program with effective service coordination in place, we offer these sites and their stories as a broad cross-section of examples and possibilities.

The handbook also describes **examples of coordination efforts by program area**, referencing many noteworthy examples of administrative, clinical, and outreach coordination happening in a variety of settings.

The handbook concludes with a **Coordination Assessment Guide** to help WIC and health services programs determine their current level of coordination and outline initial steps in starting or revisiting existing strategies.

The purpose of this information is twofold:

- First, to describe strategies successfully being used by real-life WIC and health care staffs to improve coordination and integration of services.
- Second, the handbook is intended to stimulate interaction and discussions among WIC, C/MHCs, IHS programs, and tribal health systems personnel so that they may adopt the strategies described to strengthen their coordination, thereby providing their clients with better care.

The programs most often referred to in this handbook include the WIC Program, C/MHCs, and IHS.

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is federally funded and administered at the Federal level by the U.S. Department of Agriculture. The WIC Program provides supplemental foods, nutrition education and counseling, and referrals to health care and social services for pregnant, breast-feeding, and postpartum women, as well as infants and children up to the age of 5 years.
- The Community and Migrant Health Center (C/MHC) Program is federally funded by the U.S. Department of Health and Human Services' Bureau of Primary Health Care to provide primary health care services in medically under-served areas.

- The Indian Health Service (IHS) is an agency of the Public Health Service within the Department of Health and Human Services. IHS is responsible for providing Federal health services to American Indians and Alaskan Natives.
- Tribal Health Systems (THS) are health centers and systems that are locally owned and operated by Indian tribes.

For a brief description of WIC, C/MHC, and IHS, see Appendix A.

Using This Handbook

This handbook is designed to meet a broad range of informational needs in a user-friendly way. It provides both quick overviews and detailed narratives. It is both a book of ideas and a guide to practical action. It is a self-assessment tool for evaluating present activities and a planning tool for the future.

You may want to use the handbook to get an overall picture of what other WIC programs and primary health care providers are doing to improve coordination. You may want to use it to get some specific help regarding coordination in a particular program area. Or you may want to use the handbook's Coordination Assessment Guide to help you implement new coordination strategies.

You'll notice that the handbook contains a number of small icons signifying various program indices, such as urban, rural, IHS, and others. These icons are designed to facilitate ease of reference and to help give you at-a-glance information about the agencies, activities, and settings where coordination occurs.

